

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ARCHITECTED REGISTER FILE EXTENSION IN A MULTI-THREAD PROCESSOR

the specification of which (check one)

 X is attached hereto.

_____ was filed on _____
as Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, ' 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, ' 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):	Priority Claimed
_____	_____ Yes _____ No
(Number)	(Country) (Day/Month/Year)

I hereby claim the benefit under Title 35, United States Code, ' 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, ' 112, I acknowledge the duty to disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, ' 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Application Serial #)	(Filing Date)	(Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

John W. Henderson, Jr., Reg. No. 26,907; Thomas E. Tyson, Reg. No. 28,543; Robert M. Carwell, Reg. No. 28,499; Jeffrey S. LaBaw, Reg. No. 31,633; Douglas H. Lefevre, Reg. No. 26,193; Casimer K. Salys, Reg. No. 28,900; David A. Mims, Jr., Reg. No. 32,708; Mark E. McBurney, Reg. No. 33,114; Leslie A. Van Leeuwen, Reg. No. 42,196; Christopher A. Hughes, Reg. No. 26,914; John E. Hoel, Reg. No. 26,279; Joseph C. Redmond, Jr., Reg. No. 18,753; Marilyn S. Dawkins, Reg. No. 31,140; Diana L. Roberts, Reg. No. 36,654, and Mark S. Walker, Reg. No. 30,699, each associated with PTO Customer No. 32,320; and

Gregory W. Carr, Reg. No. 31,093; Theodore F. Shiells, Reg. No. 31,569; and Alan A.R. Cooper, Reg. No. 51,217, each associated with PTO Customer No. 21,909.

Send correspondence to: Gregory W. Carr
670 Founders Square
900 Jackson Street
Dallas, Texas 75202

and direct all telephone calls to (214) 760-3000.

FULL NAME OF SOLE OR FIRST INVENTOR: David Shippy

INVENTORS SIGNATURE: David Shippy DATE: 4/2/04

RESIDENCE: 1204 GROSVENER CT DS
~~1313 Brian's Meadow Cove~~
Austin, Texas 78746

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: SAME AS ABOVE DS
~~1313 Brian's Meadow Cove~~
Austin, Texas 78746